Osteoporosis isn’t always linked to the birthdate on your driver’s license or the amount of milk in your fridge. None of these five women thought she was at risk, but four of them were wrong. Read on to find out whose bones made the grade—and whose didn’t.

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best bones?
Surprised? You’re not the only one. Most women think osteoporosis is something you don’t have to worry about until you qualify for AARP membership. But the latest research says that isn’t so. Osteopenia, a precursor to osteoporosis more commonly known as low bone density, affects an estimated 16 percent of Caucasian women between the ages of 20 and 29, and 25 percent of white women ages 21 to 50.

Of course, risk does increase with age: Bone regeneration starts to slow beginning in your 30s, and the drop in estrogen at menopause further accelerates loss. Nearly 40 percent of postmenopausal women have osteopenia, according to a 2001 report by the National Osteoporosis Foundation. Low calcium intake, as you probably already know, can also deplete your bones. But other factors—ones you may not have heard of—can set up a woman for osteoporosis as well. None of the women featured here, except maybe Chayefsky, thought she was at risk. But Chayefsky was the only one who wasn’t. Each of the other four discovered that she already had bone problems for one of several reasons: low body weight, poor diet, family history, and years of taking epilepsy medication.

“You should be thinking about your bones even in your 20s,” says Miriam E. Nelson, Ph.D., author of Strong Women, Strong Bones and professor of nutrition at Tufts University. “You’re accruing the bulk of your skeletal mass throughout childhood, your teenage years, and your early 20s.”

Thankfully, all five women found ways to reduce their odds of developing or halt the progression of a disease that currently afflicts 8 million Americans. Not all women are so lucky, though. For starters, you can’t assume your provider will bring up the subject. Last year, Howard University researchers discovered that osteoporosis counseling or treatment occurs in only about 10 percent of the 267 million doctor visits that women over age 40 make every year. Making matters worse, even women who are diagnosed with osteoporosis frequently avoid dealing with their disease. In a recent study conducted by the University at Buffalo, half of the 836 women who underwent screening for the first time were found to have osteoporosis. One year after being diagnosed, 50 percent hadn’t even begun treatment, and 25 percent hadn’t discussed the results of their screenings with their physicians.

These statistics are disturbing, because women who don’t act fast when they’re diagnosed increase their risk of bone fractures—which in turn can lead to pain, surgery, even death. Hip fracture in an elderly woman significantly increases her risk of death.

Fractures aren’t the only risk, either. Bones are where your body stores lead, and in this industrial society, most people have absorbed at least some of the toxic mineral. As bones begin to thin, they may leak the lead they’ve accumulated over the years into the bloodstream—a situation that could contribute to high blood pressure, according to a study published in the March issue of The Journal of the American Medical Association.
To find out if your bones are at risk, take our quiz below. If you answer “yes” to two or more questions, a growing number of experts say you may need to seek further testing, even though new federal guidelines recommend screening only for women ages 65 and older. Ask your physician to give you a DXA (dual-energy X-ray absorptiometry) scan, which most doctors consider the gold standard of bone-density tests. This 10-minute, noninvasive process, which costs about $200 and may be covered by insurance, images your spine, hips, and/or wrists to gauge how vulnerable your bones are. You can also request a CT (computerized tomography) scan or an ultrasound, which uses sonic waves to predict fracture risk by measuring bone-mineral density at the heel, shin, or kneecap. But neither is considered as accurate as DXA.

For added measure, take some hints—for what to do and what not to—from the women whose stories follow, and from Judith Andariese, R.N., director of the Osteoporosis Prevention Center at the Hospital for Special Surgery in New York City, whom we asked to comment on the progress of each.

are you at risk?

If you answer “yes” to two or more of the questions below, see your physician, or contact the National Osteoporosis Foundation (202-223-2226 or www.nof.org) for more information.

Y/N 1. Do you weigh less than 127 pounds?
Y/N 2. Are you Asian, Caucasian, or Hispanic?
Y/N 3. Have you ever stopped menstruating for a long period of time?
Y/N 4. Do you have a history of anorexia?
Y/N 5. Have you or a member of your immediate family ever broken a bone as an adult?
Y/N 6. Have you ever fractured a bone in the absence of a major trauma such as a car accident?
Y/N 7. Do you have a family history of osteoporosis, and/or has your mother experienced an osteoporosis-related fracture?
Y/N 8. Are you postmenopausal?
Y/N 9. Have you undergone an early or surgically induced menopause?
Y/N 10. Do you take high doses of thyroid medication; high or regular doses of cortisone-like drugs for asthma, arthritis, or lupus; or antiseizure medications such as Dilantin or Depakote?
Y/N 11. Do you have rheumatoid arthritis, inflammatory-bowel syndrome, or multiple sclerosis?
Y/N 12. Is your diet low in dairy products and other sources of calcium?
Y/N 13. Do you spend little or no time doing weight-bearing exercise?
Y/N 14. Do you smoke cigarettes or drink more than two alcoholic beverages per day?

I'm one of the few among my friends who hasn't shrunk," says Chayefsky, an actress and grandmother of five. The only reason she got her bone density tested last year was that she felt she should know her number, just as she knows her cholesterol. She showed no signs of bone loss. One big factor: "I've been a big milk drinker since I was young," she says. "I remember being almost embarrassed to drink milk as a 30-year-old—I used to ask for it at PTA meetings—but now I'm glad I did." Chayefsky regularly performs exercises that research suggests may build bone, such as lifting weights and running in place. "I also do Tai Chi, which is great for balance," she says, "and I walk everywhere." In addition, she takes 630 milligrams of calcium citrate daily and eats such healthy foods as fish, shrimp, chicken, vegetables, and fruit.

Expert take: "Besides having good genes, drinking a lot of milk in her youth and doing a lot of walking have kept her bones in good shape," Andariese says.

what you can do

To keep your bones in shape, consider these important lifestyle changes:

• Perform some sort of weight-bearing exercise (like walking or running) most days of the week, and strength-train two times a week.
• Take 1,500 milligrams of calcium citrate or carbonate every day (or 1,200 milligrams a day if your diet is rich in calcium). To increase absorption, take half of your dose with breakfast, the other half with lunch.
• Don’t smoke.
• Keep your drinking in check.
• Ask your doctor whether any drugs you’re taking could affect your bones.
A frequent horseback rider and runner, Natasha Wiesenberg had always felt healthy—until October 2001, when she got up from her couch, took a step, and fell to the floor. A hospital X ray revealed a serious break in her foot, and she spent the next three months in a cast. This wasn’t her first fracture, either—she’d previously cracked a vertebra and injured a hip after falling from a horse. Her history led her doctors to suspect osteopenia, a diagnosis confirmed by a DXA scan. “This was a real curveball,” she says. “I wish I had supplemented with calcium more when I was younger, especially since both my mother and grandmother have osteoporosis.” Now Wiesenberg takes 1,500 milligrams of calcium every day. She also works out on a stationary bike and elliptical machine. “Now that I know I have a problem, I want to take better care of my bones,” she says.

**Expert take:** “Sixty to 70 percent of osteoporosis is hereditary,” Andariese says. “While her active lifestyle is commendable, her multiple injuries may have played a part in her bone loss. She should keep taking calcium, plus vitamin D, every day.”

Danielle Arceneaux, a public relations account supervisor, had experienced stabbing pain in her right hip off and on since she was in college. She found out last summer that the discomfort was due to torn cartilage, but her doctors also ordered a bone-density test to find out if anything else was wrong. The diagnosis: osteopenia in her back that may be related to her diet. Because she is lactose-intolerant, she’d avoided dairy foods and tended to eat on the run, often making a meal of a few olives or pieces of candy. Arceneaux was shocked at the news. “I felt like I was too young to have this problem,” she says. Since her diagnosis, Arceneaux has met with a nutritionist, started lifting weights and walking 30 minutes most days of the week, and begun taking 800 milligrams of calcium a day. She gets even more of the mineral from fortified orange juice, oatmeal, and vegetables like spinach, broccoli, and kale.

**Expert take:** “Building bone density continues to age 24 or 25. The fact that she’s 28 and has experienced some bone loss means that she was on her way to osteoporosis just because of her diet,” Andariese says.
Marisa de Moura, a banking assistant and marathon runner, was preparing for a race last fall when her left leg started hurting so much that she consulted an orthopedic surgeon, who discovered a stress fracture. He advised her to take four months off to heal. She started running again as soon as she could, training five days a week despite growing pain in her other leg. After completing the marathon, she visited her orthopedist and found out that the bones in her hips and spine were dangerously thin. Her excessive running and low body weight were probably major contributors. "My doctor told me that if I didn't try to reverse it now, I could be 4 feet tall by the time I was 50. That definitely scared me," De Moura says. She has cut back her running drastically, to about six miles a week; she also weight-trains to strengthen her legs. Plus, she's started taking 1,600 milligrams of calcium a day, drinking milk, and eating calcium-enriched foods. **Expert take:** "This is a big awakening for someone who is 31," Andariese says. "She definitely needs to strength-train, as she isn't bearing enough weight on her own to build bones."

Ever since she was 13, Ruth Brown has taken antiseizure medication for her epilepsy. However, she never realized—and her doctors never told her—that the trade-off was increased risk for osteoporosis. She discovered she had it last year when she underwent a routine bone-density test recommended by her gynecologist. "I was floored," Brown, an editor, says. "I drink two glasses of milk a day and eat a lot of cheese and yogurt, and I haven't even hit menopause." Brown, who takes 600 milligrams of calcium carbonate daily, has started exercising regularly. Several times a week, she rides her bike or goes to the gym, where she uses the weight machines and treadmill. She also takes Actonel, a once-a-week prescription drug, to help increase her bone mass. **Expert take:** "Taking Actonel is an integral part of optimizing bone density, since it suppresses the rate of bone turnover and loss," Andariese says. "Medications for common conditions such as asthma, arthritis, and thyroid disorders can accelerate bone loss over time. This is going to be a lifelong challenge for her, but with bone health, it's never too late to start."